John Gareri travels the world as a sail maker aboard The Barque Picton Castle

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### **AARP** fighting for long-term care solutions

By Mike Festa, State Director AARP Massachusetts

assachusetts ranks
11th in the nation
when it comes to
meeting the long-term care needs
of older residents and people
with disabilities, and even more
must be done, at an accelerated



**Mike Festa** 

pace, to meet changing demographic demands. Specific areas of concern in Massachusetts include affordability, the qual-

ity of life and quality of care, and effective transition dimensions. This is according to a new, comprehensive, state-by-state Scorecard from AARP with support of the nation's leading long-term care organiza-

tions, the Commonwealth Fund, and the SCAN Foundation. "Picking Up the Pace of Change: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers" – the third in a series of reports – ranks each state overall and on 25 specific indicators in five key dimensions: affordability and access; choice of setting and provider; quality of life and quality of care; support for family caregivers; and, effective transitions between nursing homes, hospitals and homes.

Massachusetts has made some progress to improve long-term services and supports for older adults and people with disabilities, as highlighted in this Scorecard. But, proposals in Washington, D.C., to drastically cut federal funding for the Massachusetts Medicaid program would threaten these advancements, likely resulting in our most vulnerable citizens losing the lifesaving supports that they count on.

The single strongest predictor of a state's long-term care system is the reach of its Medicaid long-term care safety net. That's why AARP is also

fighting to expand services provided at home and in the community, by shifting funds away from more expensive nursing home care.

Massachusetts ranks 15th in the nation with 45.5 percent of Medicaid and state-funded Long Term Services and Supports (LTSS) going to Home- and Community-based Services (HCBS) - the care setting that most Massachusetts residents prefer. This represents a decline from 2014, when Massachusetts had 48.7 percent of funding dedicated to HCBS. LTSS is a diverse set of services designed to help older people and those with disabilities. Services can be provided in a person's home, in a community setting such as an adult day health center, or in a group residential facility like a nursing home.

Today, unpaid family caregivers provide the bulk of care for older Massachusetts residents, in part because the cost of long-term care remains unaffordable for most middle-income families. In Massachusetts, more than 844,000 residents help their aging parents, spouses, and other loved ones stay at home by providing assistance with bathing and dressing,

transportation, finances, complex medical tasks like wound care and injections, and more. The value of this unpaid care totals about \$11.6 billion.

unpaid care totals about \$11.6 billion.
That's why AARP Massachusetts successfully passed the Caregiver, Advise, Record, Enable (CARE) Act into law in 2016.

This year, AARP Massachusetts is fighting for a caregiver tax credit to help family caregivers who face financial challenges as they help their loved ones remain at home.

These are all part of our advocacy efforts to help older adults and family caregivers, but we know that more needs to be done, and we must pick up the pace of change.

The full state Scorecard, along with an interactive map of all state rankings and information, is available at www.longtermscorecard.org.

Stay up to date on the latest caregiving and advocacy news with AARP Massachusetts. Visit www.aarp.org/ma or call toll-free at 866-448-3621.

Mike Festa is the state director for AARP Massachusetts. Archives of articles from previous issues can be read at www.fiftyplusadvocate.







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Left to right: Thomas Scalfarotto, DO; Nari Sabeti, MD; and George Krasowski, MD

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Thomas Scalfarotto, DO, earned his medical degree from Touro University School of Osteopathic Medicine, CA and completed his residency at Henry Ford Macomb Hospital, MI. He specializes in general surgery.

Nari Sabeti, MD, is Fellowship trained in Minimally Invasive Surgery and Bariatrics. Board Certified by the American Board of Surgery, she is a fellow of the American College of Surgeons and a member of the Society of American Gastrointestinal and Endoscopic Surgeons.

George Krasowski, MD has been a highly respected general surgeon in the Gardner area for more than 25 years. Board certified in General Surgery, Dr. Krasowski earned his medical degree at Albert Einstein College of Medicine and completed his internship and residency in General Surgery at Montefiore Medical Center in New York.

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### pursue your passion

# Setting sail on a mid-life second act

By Melanie Petrucci Contributing Writer

any may dream of a second act in life, such as pursuing a new job or hobby, but do not have the resources or commitment to really do so. Several years ago, John Gareri, an avid sailor, dreamed of sailing around the world on a tall ship. And then, with the encouragement of a friend who advised him, "Just go for it," Gareri did just that. Now, not only does he have the chance to pursue sailing, he has also found he has a talent for the craft of sail making.

A lifelong resident of Westborough, Gareri graduated from Westborough High School in 1980. He then studied engineering at Central New England Setting sail page 9



The Barque Picton Castle is a three-masted tall ship based in Lunenburg, Nova Scotia, Canada

Below: John Gareri practicing his craft.





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### The Compassionate Friends of Metrowest:

### A place to go after losing a child

By Janice Elizabeth Berte Contributing Writer

REGION - On a beautiful Tuesday evening, Joan and Ed Motuzas are setting up one of the rooms at Saint Mary's Church in Holliston. This special room is where one can go for grief counseling and compassion after losing a child.

Ed and Joan's journey started when their son Scott passed away at the age of 31 from kidney and liver failure. After losing their son, they felt a huge sense of loss and an overwhelming need for someplace to go release these feelings.

After several months of grieving, "I was walking around thinking that I was crazy," Ed recalled, but just needed to find an outlet for his emotions. Then one day, Ed and Joan received a newsletter from the Worcester Chapter of Compassionate Friends, but, Ed said, "I wasn't mentally ready to join that group."



**Ed and Joan Motuzas** 

After some time had passed, Joan's friend from Holliston who had lost her daughter shared with Joan that there was a Chapter in Holliston. Joan and Ed joined shortly thereafter.

They attended these meetings, and just listening to the other members.

"I kept quiet for a couple of

months and just listened," Ed

Shortly after being in the group for a while, Ed became more vocal and shared his feelings about the loss of his son. As time went on, Joan and Ed felt compelled to become more active in these meetings, which resulted in them facilitating the

gathering.

"A lot of the times we become friends with the members because of the bonding and sharing of lost loved ones," Ed noted.

The Motuzas have a Mass every year for Scott, and sometimes when one of their four boys hears a noise in the house, one of them will say, "That must be Scott." Or, when the whole family goes to an event, someone will mention that Scott would have loved this get-together.

In addition to the monthly meetings, Joan and Ed have added a lovely holiday tradition on the second Sunday in December at 7 p.m.; Ed and Joan encourage people to light a candle for one hour in memory of their loved ones.

Ed is also in charge of the Outreach Program which consists of sending out cards and special newsletters to the bereaved, and to support them in any way possible to achieve better physical and emotional wellbeing.

The Holliston Chapter was started in 1974 by Holliston native Dorothy Pisapia who lost her son in 1973. Dorothy then became the founder and chapter leader of the Holliston Chapter of The Compassionate Friends. This chapter is one of the oldest chapters in the United States, and has been meeting monthly for 47 years. There are 14 chapters in Massachusetts ranging from Cape Cod to Springfield.

This chapter is a national self-help organization that offers guidance, friendship and hope to bereaved parents and siblings. The chapter has no employees and leadership roles and are filled by members or volunteers who work in honor of their children.

The free meeting is on the third Tuesday of every month from 7:30 – 9 p.m. at Saint Mary's Church, 8 Church St., Holliston. You can also contact Ed Motuzas at headly@comcast.net or 508-473-4239.

### Dementia information at your fingertips



To the Editor:

I just dropped my 91-year-old father and his wife off at Logan Airport. They live outside of LA, and were visiting here for a week. My father has clearly deteriorated both physically and mentally with increased dementia since I visited him several months ago. He's still able to regale his grandsons with his WWII experiences and Las Vegas mafia and celebrity stories from the 50s & 60s as the maitre d' of the Riviera Hotel. However, his short term memory is severely lacking.

Driving to Logan, we got

stuck in traffic for an extra 30 minutes. In the hour and a half it took us to get to the airport he asked us 15+ times what time his flight was taking off and would we make it on time. I tried my best to be as patient with him as I could for the entire week he was with us. It wasn't easy.

My family is in turmoil over his rapid decline and determining the care that would be best suited for him.

I came home and went on your website, fiftyplusadvocate. com to begin my education into all aspects of dementia and caregiving. Within 40 minutes, I found a wealth of informational articles written by Micha Shalev, owner of Dodge Park Rest Home, that I could immediately send to my siblings and my father's wife. Micha's detailed research, enlightening information and tips to help people with all forms of dementia saved me hours of scouring for other sources.

Thank you fiftyplusadvo-cate.com and Micha Shalev!

**Donna Davis**Westborough



Letters must be signed with name and address and include a telephone number for verification. The editor reserves the right to reject letters on the basis of length, libelous content and suitability. Letters under

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### Octogenarian earns college degree after 63 years

By Valerie Franchi CONTRIBUTING WRITER

ike many other students, Spencer graduated from Worcester State University with a degree in English this year. Although that is admirable there is another aspect that makes this a particularly notable story. This Shrewsbury resident (who prefers not to share his last name in this article) is 80 years old and he received his degree 63 years after he first attended college.

Originally from Brooklyn, N.Y., Spencer first attended college at 16, after graduating from high school in three and a half years. It was 1953 - the post-World War II era - and baby boomers were flooding schools.

However, Spencer just wasn't ready and dropped out of Brooklyn College's pre-med program after only a few months.

"I wasn't ready for college," he recalled. "I was too young. In high school, I didn't want to study. I did the minimum amount of work and had a C+ average."

Instead of college, Spencer joined the Army; he was a peacetime soldier from 1954-56. He then entered the business world, working in the computer industry. But his unfulfilled dream of earning a college degree kept nagging at him.

"I went back to college a few times at night," he said.

In 1985, at the age of 50, he attended Trinity College in Hartford, Conn., through a new independent degree program.



Spencer at his volunteer post at UMass Memorial Medical **Center in Worcester** 

"I was able to study independently and got straight As," Spencer noted. "I was more mature and I wanted to be there."

Unfortunately, after three years, his position at work required a move to Massachusetts with his wife Ruby and two children, marking the end of his secondary education for the mo-

At age 72, in 2008, Spencer retired and "needed something to do."

He became a volunteer greeter at UMass Memorial Medical Center in Worcester, welcoming visitors and offering directions and information one day a week.

Spencer also decided to go back to college again at Worcester State University (at that time Worcester State College). Since the school did not offer a bachelor's degree in philosophy, he opted for an English major with a philosophy minor.

"I was a serious student," Spencer said. He graduated with a 3.9 grade-point average, summa cum laude, in December.

He hopes to continue on for a master's degree in English.

"Spencer has proved to many of us that it's never too late to finish what you've started, no matter how many years have passed," commented Mandi L. Strzelewicz of UMass' Marketing and Communications Department.

"I never thought I would get my degree," Spencer said. "My

aim was just to kill time!"

He seems to never sit still. In addition to volunteering, studying and spending time with his four grandchildren, he also plays softball, reads, builds model airplanes, and is writing a movie screenplay.

"I can't just sit around," he said. "If I live long enough, maybe I'll go for a Ph.D. as well!"



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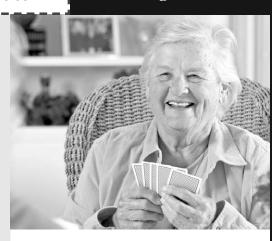
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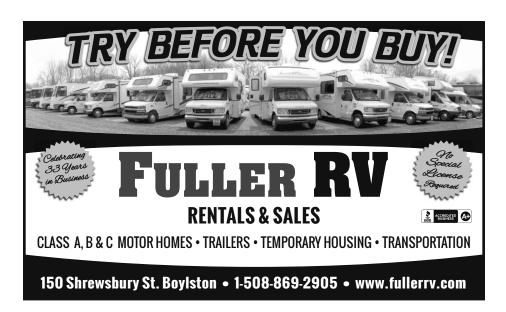
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Setting sail on a mid-life second act

**Setting sail**Continued from page 4

College and continued on to receive his MBA from Worcester Polytechnic Institute.

His career began as a software engineer for Data General on its CLARiiON storage program and then, in 1999, he went to work for Brocade Communications out of San Jose, Calif. After 15 years of service and telecommuting, he semi-retired in 2014 and relocated to Grafton.

Gareri, who is single, has always been interested in sailing, starting when he was a Boy Scout. He later took some sailing classes while at Data General. It was then that he learned of a tall ship, Barque Picton General, based in Lunenburg, Nova Scotia, that regularly sailed around the world.

"Someday I'm going to do that, sail around the world in a tall ship," he recalled telling himself. "I had never thought about



The ship's sails are made of canvas and mostly made by hand while the ship is out to sea. Gareri's responsibility is to ensure their upkeep and to teach those interested. The Picton is the only ship where the sails are still made on board while in transit.

it before, but then I thought it would be worth trying, someday!"

But first, in 2004, Gareri joined a sailing club based in New Jersey, which organized a week-long trip on the windjammer Victory Chimes, leaving off the coast of Maine. The three-masted, 100-year-old schooner was the only one of its kind still sailing at the time. Although the trip was only a week long it whetted Gareri's appetite for sailing and became the genesis for his second act.

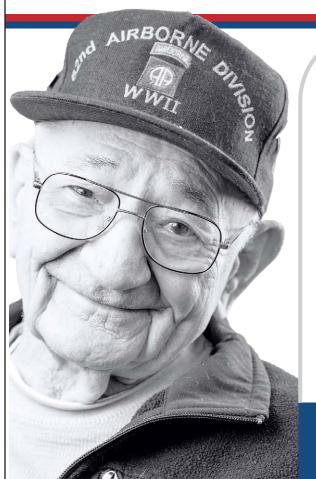
On this trip, he also met a crew member who had just come back from the Picton Castle's World Voyage 3. Upon hearing of Gareri's interest in sailing with the Picton, she said to him "just do it!"

"She explained to me that it's easy to convince yourself that you don't have time and that you've got these other things you have

Setting sail page 10

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# Setting sail on a mid-life second act

Setting sail
Continued from page 9

to do but you just have to do it," he added. He took that advice to heart.

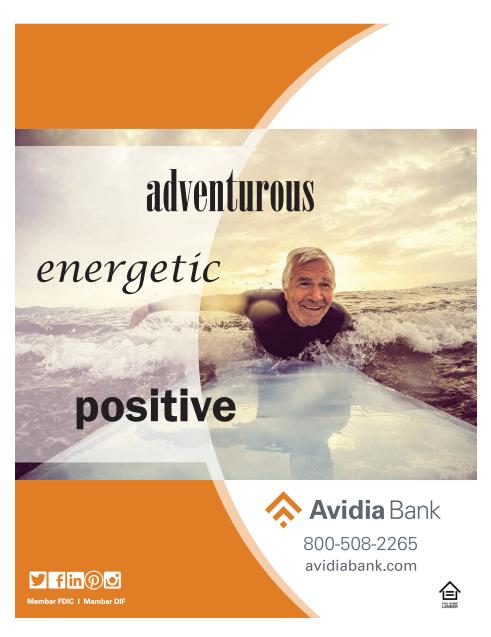
He signed on for the Picton's World Voyage 5 in 2008. The trip was originally planned to sail the world but was scaled back in scope. Nevertheless, it included parts of the Atlantic, Europe, Africa, Brazil, and the Caribbean over a 13-month period.

"I fell in love with the whole experience," Gareri said.

The Picton Castle, now known for its world sail training voyages, began in 1928 England as a fishing trawler. She was then conscripted into the Royal Navy during World War II as a minesweeper. She was eventually put into service as freighter before being purchased in Norway by Captain Daniel Moreland who brought her to North America in 1996.



**The Picton** Castle is 179 feet overall, with riveted steel hull, clear oiled-pine decks, steel masts, and wooden and steel yards. She carries 12,450 square feet of canvas sail.



Now, the ship's mission is deep-ocean sail training and long-distance education. She is 179 feet overall, with riveted steel hull, clear oiled-pine decks, steel masts, and wooden and steel yards. She carries 12,450 square feet of canvas sail. There are berths for 40 sail trainees and 12 professional crew members.

Recently, the schooner played a role in a 10-part television series, "La Grande Traversée" which has aired on Canadian television. Gareri was on board during its filming.

After trying all aspects of sailing, Gareri found he also had a talent for sail making. The sails are made of canvas and mostly made by hand while the ship is out to sea. Gareri's responsibility is to ensure their upkeep and to teach those interested. The Picton is the only ship where the sails are still made on board while in transit. Some work is done in port and they do have a large sewing machine, but for the most part, construction is done by hand.

"We are always making and

repairing old sails and there is never a shortage of need," he said. "A new sail will get about 10 to 12 years of use." He noted that it isn't necessarily a dying art but the craft has been moved from ship to shore.

Gareri was on the Picton Castle when it was in Boston this past June for the recent Sail Boston 2017 festival where he was able to spend some time with his 94-year-old mother. After the Boston event, he continued with the tour to Prince Edward Island before disembarking. He is currently on break from the ship for a previous commitment. He will re-rejoin the Picton Castle in October for its Bosun School which is an advanced training course.

Gareri also plans to travel on the Picton's World Voyage 7 in March of 2018 for a 14-month tour. Ports of call will include Panama, Galapagos, Pitcairn, Bali, Cook Islands and more.

For information on how to sign up for training, sailing and voyages, visit picton-castle.com and the ship's Facebook page.



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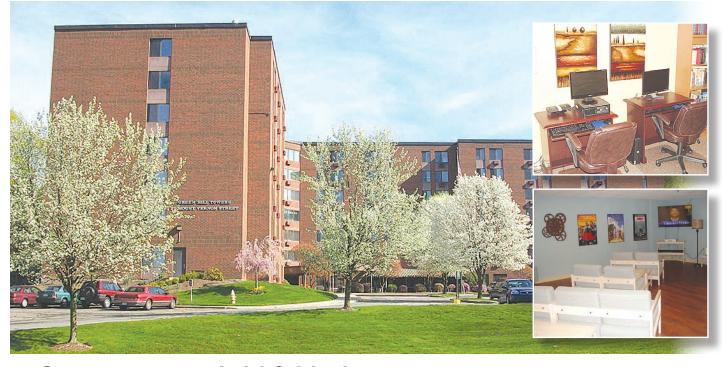
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### travel and entertainment

### Explore tiny villages and varied beaches of Puerto Vallarta

By Victor Block

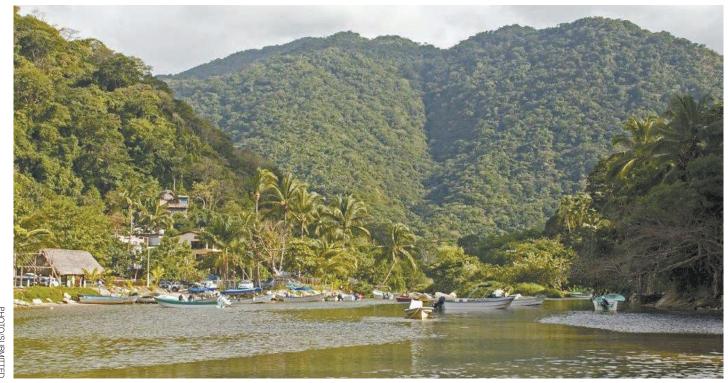
he destination that my wife Fyllis and I were visiting isn't for everyone. Some beaches are more stones than sand and the ocean lacks the clarity of the Caribbean Sea. Yet Puerto Vallarta, Mexico has grown from a sleepy fishing village into a very popular vacation magnet.

Puerto Vallarta (pronounced pwer-toe vah-yar-tuh) was a sleepy little town until 1963. Then the well-known movie director John Huston selected a site nearby to film "The Night of the Iguana," which was based on a play by Tennessee Williams. He was attracted by its setting between forest-clad mountains and the "Bahia de Banderas" (Bay of Flags), one of the largest bays in the world.

PV has the feel of a "real" town beneath its resort veneer. That's what attracts many visitors. In places, "real" translates to somewhat threadbare, which only adds to the city's charm. Not surprisingly the beaches are a major appeal, and there's variety to suit every preference.

Mismaloya Beach stretches along a gently curving cove with a backdrop of dense jungle foliage. Adding to its allure is that it's where much of "The Night of the Iguana" was filmed.

Playa Gemelas (Twins



A beach cove with a jungle behind it

Beach) fronts some of the clearest water in the bay. Las Animas, Quimixto and Yelapa beaches are accessible only by boat. Playa Conchas Chinas offers shallow pools favored by families with young children, while the offshore reef is popular with snorkelers.

There's more than one theory about how Playa de los Muertos (Beach of the Dead) got its name. Either Indians or pirates killed the crew of a nearby ship transporting gold and silver, or (the most likely version) the beach was an Indian cemetery.

Those interested in the story of the area's Indian population

also have a full menu of alternatives. Touches of native culture include ancient petroglyphs, beadwork made by Tierra Huichol Indians and performances of the ceremonial Pole Dance along the Malecon – the 1.5-mile walkway lined by restaurants and shops on one side and bordered by the bay on the other .

As a man perched atop a pole dances about while playing a flute and drum, five others, hanging upside down by one foot attached to ropes, slowly descend in a series of concentric circles to the ground. Legend tells us the ritual was created long ago as a plea to gods to send rain and end

a severe draught

Indian lore also is a focus of a small museum which shares the Isla Cuale (Cuale Island) with a smattering of restaurants, souvenir shops and cultural sites. Among exhibits are artifacts found during digs near the town of Ixtapa, which also have uncovered the ruins of a pyramid, remains of a ceremonial ball court and a collection of pottery, jewelry and other relics.

Visitors seeking a different immersion in the life of locals may find it at nearby tiny villages, in settings very different from the hustle and bustle of

Travel page 14

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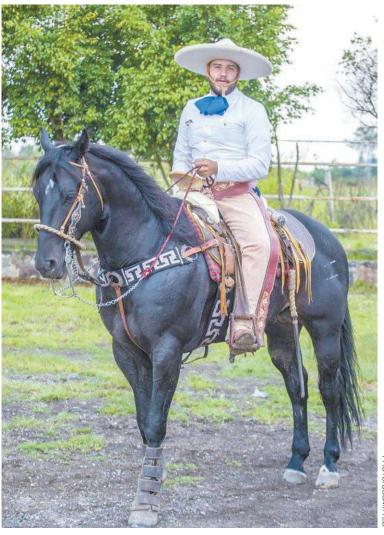
**Travel**Continued from page 12

Puerto Vallarta.

Boca de Tomatlan combines the opportunity for outstanding snorkeling with a jungle environment teeming with birds, butterflies and tropical foliage. Sayulita in ways resembles a hipster-surfer setting with rideable waves, an eclectic mix of restaurants and a variety of shops.

Fyllis and I agreed that our favorite was Las Palmas, a village of about 1,000 people perched in the Sierra Madre foothills that has hardly been touched by the 21st century, or in ways by the 20th. This is horse country, and we spotted several steeds carrying Mexican cowboys down the dusty, nearly deserted main street.

Looking for a place to have lunch, we used very broken Spanish and hand signs to ask several people if there was a restaurant in town. Finally a man uttered



A Mexican cowboy

the word "casa" and pointed to the doorway of a humble house nearby.

As we gingerly entered the open door, a woman inside nod-ded, led us into a small kitchen and pointed to several earthenware bowls on the counter that were filled with a variety of local fare. Our hostess then directed us out onto the back porch, and served us a bountiful meal of refried beans, rice, string bean casserole, tortillas and potato tostados. The food was good, the three beers we sipped were cold and the total bill came to \$12.

The meals that we ate at restaurants in Puerto Vallarta, while reasonably priced, cost more than that simple and memorable lunch. That experience stood out along with time spent basking in the sun and reliving the past in tiny villages that time has passed by.

For information about PV, log onto visitpuertovallarta.com.



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## Brockton Fair has something for everyone

By Janice Elizabeth Berte Contributing Writer

BROCKTON – From June 29 – July 9, the 60-acre fairgrounds came alive as the 143rd Brockton Fair entertained families with exhilarating rides, games and music. But, the merrymaking didn't stop there – this spectacular fair also featured demolition derbies, chainsaw carvings, poultry shows, numerous musical performances and fireworks.

Throughout the fair, families were dazzled by magic shows and a menagerie of animals - grizzly bears, sea lions and a petting zoo with camels and goats.

Adults had a plethora of choices as well from exciting rides to challenging carnival games. According to Sue Rodrigues, operations coordinator, the most popular ride is the Stinger.

In 1956, when George Carney became the owner, he had the vision and perseverance to create a thriving and creative business which now employs around 150 people. Now at 89 years old, Carney still actively oversees the many facets of running a large fair. He said that he loves his employees and wants "to keep it a family business by providing them with excellent benefits, and a wonderful working environment."

Below: Visitors enjoy the goats in the petting zoo.



PHOTOS/JANICE ELIZABETH BERTE



popular ride

Below: The sea lion show



Above: The colorful Magic Bus ride





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135-year-old Shrewsbury barn to be relocated

BY DAKOTA ANTELMAN
CONTRIBUTING WRITER

Shrewsbury - High in its rafters, the Bonnie Dell Farm barn bears signatures of visitors dating back decades.

135 years after it was built, the barn, signatures and all, is being relocated to Boylston's Spring Ridge farm where its new owners say they're excited to save a piece of local history.

"It's very well preserved," said Tricia May, a co-owner of the Spring Ridge Farm. "It's just a beautiful barn."

Throughout most of June, TimberTek, a contracting firm hired by Tricia and Mike May worked to dismantle the barn and transport its individual parts to Boylston. Then, May said, she and her husband plan to store the disassembled Bonnie Dell farm barn in an existing barn on their property while it is cleaned and prepared to be reassembled on their property next year.

The Bonnie
Dell Barn in
its original
location
viewed
before it was
disassembled
last month.



A TimberTek
employee
carries a
board away
from what
remained of
the Bonnie
Dell Barn
after several



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For the May family, this process comes at a perfect time. The two, who primarily raise animals for meat and sell their products from their existing farm store, were already looking to expand when they learned of the Bonnie Dell farm barn.

"It was an opportunity to save a barn," said Tricia May. "It was more exciting to save a barn than to buy something new."

Once they finish reconstructing the barn, the May family plans to move their farm store into it, assemble a small museum about the history of the barn and agriculture in general, and convert the remaining space into classrooms.

They plan to run classes educating students on how to properly cut, cook and serve meat and plan to offer free classroom space to the nonprofit group Massachusetts Agriculture in the Classroom as well. Tricia May serves on the board of directors for the group which seeks to educate educators on agriculture.

"They have a very lovely place," said Carol Munro, a Shrewsbury resident and a former owner of the barn. "They will use it well. They're also using it for educational purposes. I can't think of a better way to use it than that."

Having lived next to it for much of her life, Munro says she

Barn page 17

### 135-year-old Shrewsbury barn to be relocated

Barn

Continued from page 16

is relieved to see the barn go to a new home. Though she grew up with the barn on her property, she said she was sad to see it fall into disrepair in recent years. As its foundation rotted and the barn began to visibly sag, she stopped letting people go inside for safety reasons. She then sold the property last year. Its newest owners, the Tally Ho Realty Trust, made the final decision on moving the barn to the Spring Ridge Farm.

Nevertheless, Munro has talked to the May family about the barn and said they plan to make necessary repairs to it to ensure that it will be safe for visitors.

As the historical landmark she once owned moves out of Shrewsbury, Munro said some other Shrewsbury residents have been sad to see it go. Having watched it age, however, Munro said she is happy to see the barn relocated and restored just over four miles down the road.

"Like everything else, time marches on," she said. "Change is good sometimes."

Pictures and videos from the project have been documented on the Facebook page Bonnie Dell Farm Barn Restoration.

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## caregiving tips

# After the Alzheimer's diagnosis: So what now!!

By Micha Shalev MHA CDP CDCM

re you kidding me? I have what!!" It can't be true. It has to be a mistake. You are really angry. It's normal to have these feelings but the impor-



### Caregiving Tips

tant thing is to find ways to cope, and continue to have fun and laugh. What you must understand first and foremost is that you or loved one will lose short-term

memory but retain some long-term memory.

There are several methods and diagnostic tools to help determine

fairly accurately whether an individual with memory problems has "possible Alzheimer's disease," "probable Alzheimer's disease," or some other memory or neurological problem. "Possible Alzheimer's disease" is defined as a dementia that could be due to another condition. "Probable Alzheimer's disease" means there are no other causes for the symptoms that can be found. Some individuals with memory problems have a condition called amnestic *mild cognitive* impairment (MCI) that often precedes Alzheimer's disease (AD). Individuals with MCI have more memory problems than normal for individuals their age, but their symptoms are not as severe as those seen in AD.

Importantly, not all individuals with MCI develop AD. At this time, a definitive diagnosis of Alzheimer's disease can only be

determined by an autopsy of the brain after death. However, at specialized centers, doctors can diagnose AD in a living person correctly up to 90 percent of the time.

A physician will diagnose Alzheimer's in a living person by:

Asking questions about an individual's overall health, past medical history, ability to perform daily activities, and changes in behavior and personality;

Conducting memory tests, problem solving, attention, counting, language skills and other abilities related to brain functioning;

Carrying out medical tests of blood, urine, or spinal fluid;

Collecting information provided by family members or other caregivers about changes in a person's day-to-day function and behavior which my help in diagnosis; and

Performing brain scans, such as magnetic resonance imaging (MRI), positron emission tomography (PET) scan or a computed tomography (CT) scan.

A complete diagnostic workup for AD is lengthy and costly and may take as long as a year or more before a final diagnosis is made. After the diagnosis is made, the family and patient may need considerable guidance and counseling. Family members often wonder whether they should tell their loved one of the diagnosis. While it is devastating to learn that your loved one has AD, it is frequently more stressful to be aware of the signs and symptoms and yet have no answer for the problem. The family and the patient should agree before the diagnosis is made so appropriate actions are taken. Not knowing always presents the risk of the person finding out accidentally.

Open and honest communications are usually the best, but some families have their own reasons for choosing a different path. Families often look to healthcare professionals for guidance, and it is important to respect their decisions; however, physicians are advised to disclose the diagnosis to their patient.

The American Psychiatric Association recommends advising Alzheimer's disease patients and their families of the need for financial and legal planning due to the patient's eventual incapacity (e.g., power of attorney for medical and financial decisions, an upto-date will, and the cost of long-term care).

Micha Shalev MHA CDP CDCM CADDCT is the owner of The Oasis at Dodge Park, Dodge Park Rest Home and The Adult Day Club at Dodge Park located at 101 and 102 Randolph Road in Worcester. He is a graduate of the National Council of Certified Dementia Practitioners program, and well-known speaker covering Alzheimer's and dementia training topics. He can be reached at 508-853-8180 or m.shalev@dodgepark.com or view more information online at www.dodgepark.com





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### Reverse mortgages: Get the facts

By Alain Valles, CRMP PRESIDENT, DIRECT FINANCE CORP.

was recently at a local charity event and invariably peo-**▲** ple asked what I do? My answer is always "I save financial lives by educating people about reverse mortgages and, when



### Reverse Mortgage

appropriated, arrange them. That's usually followed by a polite sigh and then the person stating: "Aren't those bad? Doesn't the person lose

their home to the bank or government? Don't the kids lose their inheritance? Don't you have to have no mortgage? Isn't a reverse mortgage a last resort?"

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When used properly, a reverse mortgage may be the solution to living an independent fulfilling life. But lack of understanding has led to many misconceptions...

In other words, they're really asking "Aren't you just taking advantage of old people?"

The emphatic answer to all of the above questions is "NO." In fact, the new and improved government insured reverse mortgage, also known as a Home Equity Conversion Mortgage (HECM), has been strengthened and allows qualified senior homeowners to convert illiquid home equity into available tax-free cash for immediate or future use. When used properly, a reverse mortgage may be the solution to living an independent fulfilling life. But lack of understanding has led to many misconceptions including the following:

1. "I will lose my home." With a reverse mortgage, you retain full control and ownership of your home. As long as you continue to pay your real estate taxes, homeowner's insurance, maintain your property, and meet other guidelines you may remain in your home for the rest of your life or

sell your home at any time with no prepayment penalty.

- 2. "I can't afford to make monthly payments on a reverse mortgage." For qualified borrowers, the unique aspect of a reverse mortgage is there is no requirement to ever make a monthly mortgage payment. This is considered the magic feature of a reverse mortgage because you may receive a lump sum amount of cash, a monthly check for life, or a line of credit to be used if ever needed with no monthly payment!
- 3. "I won't qualify because I have a mortgage on my home." There is no requirement for your home to be free and clear. Many seniors currently have a mortgage. A large percentage of those people are struggling to make the required monthly payment which is affecting their quality of life.

Reverse mortgage page 20

# SUPER CROSSWORD PUZZ

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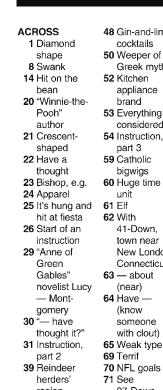
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(answers on page 20)



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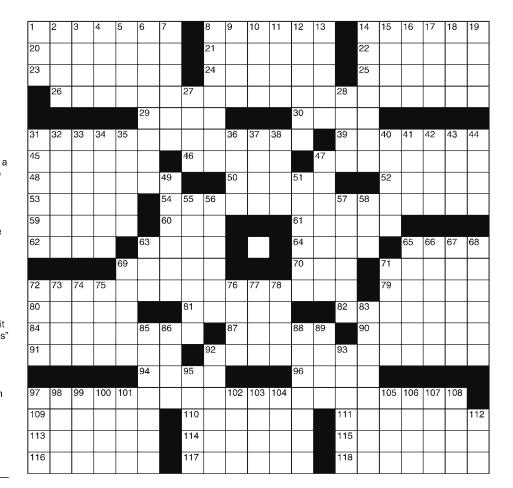
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34 Sock variety Cochran (barely smooths 118 Vended 73 "Mary earns) 35 Film units Little 101 Lit candle bit **DOWN** Lamb' 102 "Hmm ... yes" 36 Baseball's **103** Zap, as 1 Musical talk Martinez 74 One of the 2 Mata -37 Shamrock's deadly sins leftovers 75 Santa 104 Arduous 3 It's a sign land 4 Vibraphonist 38 Revered (some hike 105 Lost traction Jackson one winds) 5 Ho-hum 40 Dinner piece 106 Solder, say 76 Lead-in to 6 Inopportune 7 Shilly-shally spore 77 67-Down, **41** See 107 Jannings of 62-Across old films

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44 Unhearing

43 Taboo thing



### viewpoint

## War on poverty now a war on the poor

By Al Norman

was about to turn 17 when President Lyndon Baines Johnson declared a War on Poverty in his State of the Union speech in 1964. Johnson was responding to a national



#### Push Back

poverty rate at the time of around 19 percent. Congress passed the Economic Opportunity Act to oversee the local application of federal funds targeted

against poverty.

"Our aim is not only to relieve the symptom of poverty," President Johnson said, "but to cure it and, above all, to prevent it,"

Fifty-three years later, the federal War on Poverty has turned into a war on poor people. The battle lines have shifted from alleviating poverty, to

eliminating poor people. Instead of attacking poverty, the field has been reversed, and the attack is on poor people themselves.

The epicenter of this shift is around the Medicaid health insurance program, one of the key federal programs created as part of LBJs Great Society. There are 70 million people on Medicaid nationwide, and roughly 1.9 million MassHealth recipients statewide. We are one of the states that took advantage of the Affordable Care Act (ACA or "Obamacare") to expand access to MassHealth insurance. But as Congress and the White House replace the ACA, our state is also seeking to reduce the MassHealth caseload.

The Senate version of the "repeal and replace" bill known as the American Health Care Act, was released June 21. The Senate version would phase down the Medicaid expansion over four years (2020 to 2024), a little slower than the House version. But both bills still end

Medicaid expansion, throwing millions of low-income people under the bus.

The Senate bill clamps down harder on Medicaid in later years. The cap imposed by the House would grow more slowly than Medicaid spending has, but the Senate's cap would grow even more slowly than the House's.

"That would leave states with few options," said the non-partisan Kaiser Health News, "other than raising taxes, cutting eligibility, or cutting benefits in order to maintain their programs."

Both bills would also cap federal funding for the Medicaid program. Since 1965, the federal government has matched state spending for Medicaid. The new bills would shift much of that burden back to states

Just before the Senate version of the Obamacare repeal came out, President Donald Trump urged lawmakers to come up with a bill that "has heart in it," and that would improve health care for all Americans. But the judgement on the Senate bill was just the opposite.

"The heartless Senate health care repeal bill makes health care worse for everyone," said the group Protect Our Care. "It raises costs, cuts coverage, weakens protections and cuts even more from Medicaid than the mean House bill. They wrote their plan in secret and are rushing forward with a vote next week because they know how much harm their bill does to millions of people."

The Senate plan has not yet been analyzed by the Congressional Budget Office. But the House version cuts Medicaid by \$834 billion over 10 years. Medicaid cuts would increase over time and provide no increases for unanticipated events. As a result, the num-

ber of Medicaid beneficiaries would fall by 14 million in 2026, a reduction of 17 percent relative to the current law.

The day before the Senate bill was unveiled, the Baker Administration released a plan of its own to cut back on Medicaid services at the state level. The plan was loaded with proposals to reduce the MassHealth caseload. The day after the Administration's plan was released, it drew this strong rebuke from the Massachusetts Law Reform Institute: "Reducing MassHealth eligibility from 133 to 100 percent of the federal poverty level, denying coverage to the working poor with access to employer-sponsored insurance, and authorizing cuts in any optional benefits is going too far too fast."

Medicaid is a partnership between the state and federal governments. If both these partners conspire to "go too far," it will hurt millions of people whose only offense is being poor. There is no possible trajectory that allows America to become "great" by swelling the number of its citizens who are living without health insurance. Declaring war n the poor is an act of self-defeatism.

Al Norman is the executive director of Mass Home Care. He can be reached at info@masshomecare.org or 978-502-3794. Archives of articles from previous issues can be read at www. fiftyplusadvocate.com.

#### **Reverse Mortgages: Get the facts**

Reverse mortgage Continued from page 19

4. "Only someone who is 'cash poor' needs a reverse mortgage." Nothing could be farther from the truth. Even if you have no pressing need for cash or monthly tax-free income, a reverse mortgage is a credible estate planning tool to protect against unexpected life events such as a health challenge or a family emergency cash request. Having a reverse mortgage line of credit in place gives peace of mind that one is prepared for the unknown.

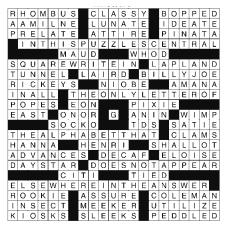
5. Many other myths. The list goes on. So, become better informed. Call, text, or email me for your free copy of the consumer booklet published by the National Council on Aging called, "Use Your Home to Stay at Home." And lastly, with no obligation, I'll also be happy to give you various scenarios for your situation.

Being better informed will allow you to trust deciding if a reverse mortgage is the best solution for you. You're invited to call me at 781-724-6221 and I'll be happy to answer all your questions.

Alain Valles, CRMP and president of Direct Finance Corp., was the first designated Certified Reverse Mortgage Professional in New England and is the leading licensed loan officer in Massachusetts. He can be reached at 781-724-6221 or by email at av@dfcmortgage.com. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

# Answers to Super Crossword

(puzzle on page 19)



#### Affordable housing communities: Pros and cons of elderly housing

By Marianne Delorey, Ph.D.

here are two primary ways HUD has of subsidizing rents – tenant-based and project-based vouchers. One subsidy follows the person and the other subsidy follows an apartment. Project-based vouchers



# Housing Options

were more common historically, but an over-reliance on the project-based vouchers created communities of poverty, often in inner cities.

S u b s e - quently, the

government shifted focus to mobile (tenant) vouchers. Mobile vouchers can be used by a low-income household to pay their rent anywhere. This helps families access better school systems and employment opportunities. These vouchers are particularly valued by politicians because while there is a subsidy to reduce the rent, the government does not have to pay to help build the housing units as they are usually owned by private landlords.

There is a downside to offering fewer project-based units, and elders bear the brunt of the impact. Elders often move because their current housing is not suitable given their age-related changes or because they are searching for a community.

Many elders find that a larger house is too much for them, but the familiarity of home keeps them there until something (e.g. a bad winter or a fall) prompts the move. Elder housing, having been built with many accessibility features, may keep them independent longer.

Many people find that even though the home is fine, the isolation of being alone all day is too much. They seek out a community in which there are more people who are like them. Elder housing combats isolation by offering neighbors who can band together and create a supportive commuElder housing combats isolation by offering neighbors who can band together and create a supportive community. Maybe one can still drive. Another might be a great cook. Together, they support each other like family.

nity. Maybe one can still drive. Another might be a great cook. Together, they support each other like family.

An additional benefit to housing that is set aside for elders is that often, the housing provider employs someone who can help the resident access services (housekeeping, health care, etc.) that keep the elder safe in the community.

So, mobile and project vouchers both have benefits, but some groups are more likely to be found in one type of housing than another. In the case of project-based housing, minorities are receiving the shorter end of the stick.

According to HUD's data (https://www.huduser.gov/portal/datasets/picture/yearlydata. html), minority elders are almost half again as likely to utilize a tenant-based voucher as a project-based apartment. That means that minority elderly families are less likely to live in apartments with accessible features like fewer stairs, have the chance to build a supportive community with other elders, and to avail themselves of supportive services to stay independent.

According to the Gerontologist, http://gerontologist.oxford-journals.org/content/18/2/153. short, living in elderly housing was associated with using more services, more stability in one's living situation, and higher survival rates.

So why don't minorities choose to live in elderly housing? Perhaps because they are integrated with their families. According to the Joint Center for Housing Studies at Harvard University http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/jchs-housing\_americas\_older\_adults\_2014-ch2.pdf, Asians and Hispanics in par-

ticular are more likely to live with family as they age than Whites or Blacks. This is especially true after age 80. Blacks are also more likely to live with families than Whites, but by a smaller margin.

As the costs of caregiving are shifted back to the families, there should be significant thought to how we can best meet the needs of aging minorities. Should we be doing more home modifications so that people can live in housing not intended for the elderly? Should we be finding a way to

allow families to live with their elders in elderly housing? Should we be shifting caregiving services toward these populations?

One of the changes with the current political administration is that there is a shift toward holding people more accountable. HUD Secretary Dr. Ben Carson stated May 3 in a New York Times interview that he does not want to see affordable housing become "too comfortable" except for people who are elderly and disabled who "we can't expect... to do a great deal to take care of themselves."

If he is smart, he will recognize that more minority elders are cared for by their families in housing that is not set aside for older people. If he is going to make cuts to family housing, he should restore funding to the 202 program and build more housing for elders.

Marianne Delorey, Ph.D., is the executive director of Colony Retirement Homes. She can be reached at 508-755-0444 or mdelorey@colonyretirement.com and www. colonyretirementhomes.com. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com

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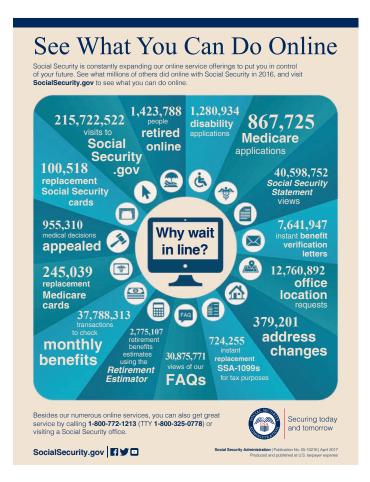
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By Kristen Alberino Social Security Public Affairs Specialist, Quincy, Mass.

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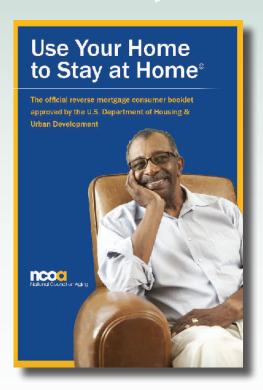
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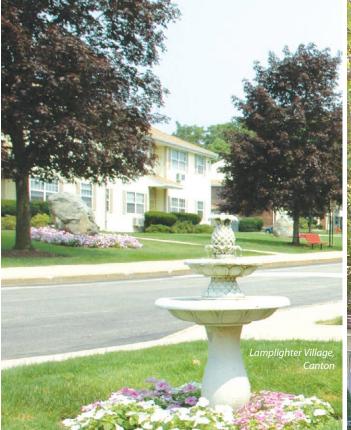
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